MOTHER

Handbook of

HOME NURSING

and

FIRST AID

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When it is obvious that your child is off colour, try to look at him calmly and decide whether he is really poorly or just tired and listless because he was up past his usual bedtime the night before, or is developing a straightforward cold.

If there is any doubt in your mind as to the cause of the trouble or if the child is feverish, has a rash, diarrhoea, sore throat, discharging and painful ear, headache, tummy ache or any other kind of pain, then send for the doctor. While awaiting his instructions isolate the child, keeping him quiet and warm in bed. Give nothing by mouth except drinks of water.

What to Have Ready for the Doctor

Clean towel in the bathroom, as he will want to wash his hands after examining his patient. Save for the doctor to see anything the child may have passed or vomited. Simply leave in receptacle, covering it with a clean cloth.

If, at a later date, the doctor should ask you to save a specimen of the child's urine, this is the way to do it. Get the little patient to pass water into a clean chamber or bedpan. Tip the urine into a clean jug and then pour in enough to fill a clean, previously boiled medicine bottle. Cork immediately and label clearly with the child's name, address and age. Also put the date on the label.

Take the specimen first thing in the morning before the child has had anything to eat or drink.

GENERAL NURSING POINTERS

Sickroom

It is important to keep the room well aired, sufficiently warm, at an even temperature (approximately seventy degrees Fahrenheit) and free from both draughts and stuffiness.

This calls for an open window, wise placing of the child's bed, a draught protector such as a screen or covered clothes horse and, in cold weather, some kind of heating.

Heating

The convector type of heating is excellent. It is portable and it provides an even distribution of smell-free warmth. Moreover, it is completely safe. Oil and electric convectors are obtainable.

BARCODE ON BACK COVER

When an open coal, electric or gas fire is used for the sickroom, a guard is essential. It must completely cover the heating area and must be proof against any efforts to remove it.

Equipment

A low, firm table on the right-hand side of the child's bed is useful for trays, bowls, etc. Have at hand all that you are likely to need:

Bowl for washing
Two small, soft blankets for bed bath
Face and tail flannels. Soap.
Face and body towels. Talcum powder.
Toothbrush, toothpaste. Mug.
Brush and comb.

If the child is really poorly, running a high temperature and likely to be in bed for several days or more, it may be necessary to clean his tongue and mouth for him. And to prevent elbows, shoulders, heels and seat from getting sore.

In this case you will also need mouth and pressure-point trays.

MOUTH TRAY AND CARE OF MOUTH

Requirements

Large, square pudding dish or similar receptacle to accommodate: Three small, clean paste pots and orange sticks. One pot will contain small swabs of cotton wool. The second pot is for mouth-wash solution and the third for soiled swabs.

Method

Teaze out a thin twist of cotton wool, wrap it firmly round orange stick, dip in solution and gently cleanse tongue. With fresh twist of cotton wool, clean top and lower gums.

If child is well enough he should then wash his mouth out.

CARE OF PRESSURE POINTS

(Seat, Heels and Elbows)

Requirements

Bowl of hot water, soap, towel.
Surgical spirit, talcum powder.

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Method

With a firm circular movement massage child's seat. Dry carefully, paying special attention to the fold between his buttocks. Then massage with surgical spirit and finally give a light dusting of powder. Repeat process with heels and elbows (also shoulders if he is being nursed lying flat).

Treatment should be carried out four hourly during the daytime.

The Child's Bed

Unless the little patient has to be nursed flat as in rheumatic fever, for example, put him into a really comfortable sitting position.

The "armchair" arrangement is best. This requires six pillows. Place two in the usual position, one on top of the other, then make the "arms" by slanting a pillow at an angle, one on the right side and one on the left. Now pile two more pillows on top of the others.

Home-Made Draw Sheet

A home-made draw sheet is a great help. This is simply a double sheet folded longways or a long as possible strip of sheeting.

The draw sheet should be placed across the bed so that the child sits on it and so that all the spare part hangs to the far side of the bed and can be tucked neatly in in folds. Then a portion of it can be pulled out and under the child when the part on which he has been sitting has become hot, crumpled and crumby.

In turn, the used part is tucked in on the near side. And so, by degrees, the whole length of the draw sheet is utilized.

A strip of waterproof sheeting can be placed under the draw sheet if there is a tendency to wet the bed.

Blanket Bath

When a child is running a temperature and is too poorly to be taken to the bathroom he must be bathed in bed.

First, shut the window and then collect everything you will need. On the bed table put your bowl of hot water, soap and flannels, toothbrush, paste and mug (or mouth tray if he's too poorly for the usual tooth drill). Have at hand a kettle of boiling water and a jug of cold water. Also warm towels, clean, warm pyjamas or nightdress, bath blankets and, if in use, pressure-point tray.

Teeth and mouth can be seen to first, then take out all the pillows except one and get the child to lie flat. Remove the top bedclothes, folding them over a chair at the bottom of the bed. Cover the child with one of the well-warmed bath blankets and lift or roll him on to the other, which should be placed so that it protects the bed and bottom sheet from splashes. Spread a warm towel over the top part of the covering blanket, tucking the top edge right in and under.

Now wash and dry the child's face and ears. Then bring one arm out and wash that and the little patient's hand. He can dabble his hand right in the water if he likes and if you lift the bowl carefully on to the bed and hold it in position just for a moment.

Having dried this hand and arm thoroughly, pop it back under the warm blanket and do the other.

Next pull down the blanket and protective towel just enough to enable you to wash and dry his neck and chest. Cover him up again, add more hot water if what is in the bowl has cooled somewhat, and then do his tummy. A skilful mother can manage this and between the legs without uncovering the child. All she does is to lift the blanket a little with one hand and wash and dry with the other.

Legs and feet come next. Do one at a time, just as you did arms and hands. And, of course, put the protective towel under each one.

This done, get the child to roll on his side facing away from you so that you can get at his back. See that he cuddles his blanket against him, so he isn't cold, and then quickly wash and dry shoulders, back, seat and thighs.

Do pressure points if he has been in bed for a few days or, in any case, if his skin looks at all red or crinkled.

Now pop the child into clean, warm clothes, brush his hair, remove the bath blankets and make his bed. If the doctor has given permission for him to be wrapped up and put in an armchair so much the better. Otherwise mother must do her best while her patient is in bed.

Feeding the Little Invalid

The doctor will always give instructions about diet, but here are some important generalizations:

1. Food must be light, so that it places no strain on the digestion. It must also be nourishing and a good source of essential vitamins.

2. Variety is important because the appetite of both a sick child and a convalescent tends to be fickle.

3. Unless contraindicated by the nature of the illness and the doctor's instructions, fish, chicken, milk and egg dishes, fruit purées and fruit juices should form the staple part of the child's diet.

4. Meals should be made to look attractive to tempt the appetite.

5. Serve small portions. The little patient will probably ask for more, whereas a large helping may put him right off.

6. Remember the importance of colour and novelty when arranging the contents of the tray. For example, a lightly boiled egg is more likely to be eaten with enjoyment if mother has taken the trouble to colour it, make a face on it and "dress" it in a comical little hat. Milk and fruit-juice jellies made in different shaped individual moulds are usually popular.

Nourishing broth should reach his tummy safely if it is served in a pretty little bowl with a lid, instead of a dull old soup plate. Snippets of crisp toast can be served beside it in a tiny dish and a wee bit dropped in the soup each time the lid is lifted for a mouthful.

COMMON AILMENTS

COLDS

Any child who develops a cold should be kept warm in bed for forty-eight hours. It is important that a window should be open and the room prevented from becoming stuffy and overheated.

The child should have a light diet and rather less than he usually eats. Extra fluid is essential and diluted fruit juice is the best.

Certain infectious illnesses such as measles start with a running nose and watery eyes so that these symptoms always call for bed, warmth, fresh air and isolation.

Coughs

The child who develops a bad cough should be kept warm in bed in a well-ventilated room. The doctor should be sent for so that an accurate diagnosis may be made. The trouble may be due to an infection of the nose, throat or bronchial tubes (cold, tonsilitis, bronchitis), an infection of the lungs, a dose of whooping cough or an irritation of stomach or intestines.

Never let a child know that you are worried about his coughing. It is a temptation to him to keep it up long after it is necessary in order to attract attention.

Sore Throats

This is another condition which calls for medical advice. It may only be the forerunner of a cold, but *may* indicate something more serious. Little children do not always complain when their throats are sore, so always examine the throat of a child who is feverish or off-colour and disinclined to eat.

Enlarged Tonsils and Adenoids

The tonsils are small, soft spongy structures, situated one on each side of the throat. The adenoids are similar and lie at the back of the nose. These structures are exceedingly important because they act as filters, killing harmful germs breathed in by the child.

It is only when they become choked and clogged with germs that they are harmful. Indeed, chronic infection of the tonsils and adenoids is often the cause of frequent colds, sore throats, swollen glands and ear trouble, and if the infection cannot be cleared up then removal of tonsils and adenoids may be necessary.

This should never be done as a precautionary measure. Nor because there is some enlargement (without infection). In many cases this can be corrected by means of fresh air and the right food.

Headaches

When a child has an isolated headache associated with sickness, feverishness or sore throat the doctor should be called in.

Persistent headaches may be due to lack of fresh air and exercise, fatigue or a family tendency towards migraine. Eye strain is possible, although obviously unlikely in the under-fives. Headaches can be feigned quite effectively by a child who is reluctant to go to school, to run an errand for mother or perform any—to him—unpleasant task.

But consult the doctor about them unless you are quite sure these oft-recurring headaches are mythical, because of the circumstances in which they occur and the child's appearance at the time.

Vomiting

If your child is sick and you know he has been over-eating at a party then you know, too, that when he and his tummy have had a rest all will be well.

Again, there is no cause for alarm if the sickness is due to nervous tension caused by excitement or apprehension. Reassurance, a calm

atmosphere, twenty-four hours on a simple fat-free diet and extra sugar in the form of glucose will put that right.

Travel sickness, partly psychological in origin and partly due to a not-yet-understood disturbance of the body's balancing mechanism in the middle ear, can sometimes be prevented by these same measures. Undoubtedly, open windows help, too. The child should not be allowed to read while in the car and he should sit in the front seat and look out of the front windows, instead of sitting at the back and looking out of the side windows.

Sickness is sometimes self-induced for the sake of getting attention. Obviously, this does not call for emergency action, although it is advisable to consider why the child resorts to such measures.

Some children are subject to what is called cyclical vomiting or attacks of acidosis (although, in point of fact, acidosis usually results from vomiting and does not cause it).

These periodic attacks of vomiting occur mainly in sensitive, intelligent children. There is sudden pallor and listlessness, followed shortly by sickness and sometimes abdominal pain and raised temperature. The attack may last for a few hours only or for a couple of days. The mother who is used to these periodic upsets will call the doctor if an attack is more severe than usual or differs in any way from the accustomed pattern. She will, of course, have had medical advice in the beginning.

Treatment of cyclical vomiting is simple. Bed, quietness, a calm, reassuring atmosphere and all the well-sweetened-with-glucose fluid the child can keep down.

Extra sugar in the ordinary way and a periodic omission of fats for forty-eight hours will sometimes prevent an attack. A happy, peaceful home atmosphere is invaluable. The attacks will cease as the child gets older.

Abdominal Pain

No experienced mother will consult a doctor every time her child has slight tummy discomfort, for it is the lot of most children who are old enough to get at such delicacies as unripe fruit! But you must consult your doctor immediately if the pain is bad. If there is tenderness when you gently press where it hurts, or if the child is feverish or vomiting, be sure to tell the doctor.

In no circumstances should you give a dose of castor oil for bad

abdominal pain. Neither should you give food or drink until the doctor has made his diagnosis. It may be a simple tummy upset caused by eating unsuitable food, but it could be appendicitis, pneumonia or some other serious condition.

Threadworms

A great many children have threadworms because infection is so easily spread. The female worm lays its eggs outside the bowel, which means that they get into the clothing, then on to the child's hand and eventually into his mouth. In this way he reinfects himself. Others are infected because the eggs tend also to get into the dust of a room, where they may survive for a very long time.

From these few facts, you will see how important it is to insist that the child washes his hands and scrubs his nails immediately after a visit to the lavatory and before meals. He must use his own towels and flannels. A pair of close-fitting briefs worn under nightie or pyjamas, as well as under day wear, is a precautionary measure.

Not very long ago the usual treatment for threadworms was to give the child quassia enemas, but this is rarely done nowadays because it causes so much distress.

Gentian violet capsules are effective in many cases, but may cause unpleasant repercussions in the shape of colic, vomiting and diarrhoea. Various other remedies are used, but in my experience a simple herbal remedy is more lastingly effective than anything else.

Enlarged Glands in the Neck

There are a number of causes and there is no need to conclude that your child has tuberculosis if his glands are swollen. Get your doctor's advice at once because it is important to have a correct diagnosis, but remember that the commonest causes of enlarged glands of neck are an infection of the skin of the face, scalp or neck, or an infection in the mouth or throat.

Other causes include German Measles (when the glands involved are usually those at the back of the neck) and Glandular Fever, which causes swelling of many of the glands besides those in the neck.

Ear Trouble

Pain in the ears or a discharge from the ears should be reported immediately to a doctor. It may be due to the eruption of a back tooth, to dental decay or a boil in the ear. But it can also be due to

trouble in the middle ear, a serious condition which should be investigated at once by the doctor. It responds rapidly to early treatment.

INFECTIOUS ILLNESSES

MEASLES

Period of Isolation and Contacts

Ask your doctor how long the child must be isolated and what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period (period of time which elapses between infection and first symptoms). 10 to 14 days.

Symptoms

Measles starts with a running nose and eyes, cough and feverishness. Also distinctive spots inside the mouth (Koplik's spots). These look like grains of salt in a red rim.

Rash appears three to four days after the first symptoms. Consists of dark, purplish-red blotches which appear first on forehead, behind ears and round neck, then spread rapidly over face and body.

Special Nursing Points

1. The child must be put to bed in a room with shaded lighting immediately the cold and feverishness begin. If this is done and if every precaution is taken to avoid any risk of a chill, complications are much less likely.
2. Eyes, ears and mouth need special care.

Source of Infection

Another child with measles. The most infectious period is the few days before the rash appears.

WHOOPING COUGH

Period of Isolation and Contacts

Ask your doctor how long the child must be isolated and what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period. 7 to 10 days.

Symptoms

Starts with a head cold and cough. The cough gradually becomes worse and the characteristic whoop is observed. There are spasms of coughing sometimes followed by vomiting.

Special Nursing Points

1. Give nourishment *after* a spasm of coughing and vomiting.
2. Comfort him during these spasms, which are distressing.

Source of Infection

Another child with whooping cough.

Postscript

1. Keep babies and toddlers right away from any child who has a cough, particularly when it is known that there is whooping cough in the district. The younger the child the more serious the illness.
2. The baby who is immunized against diphtheria is now usually immunized against whooping cough at the same time. This should be done when he is approximately four months old.

SCARLET FEVER

Period of Isolation and Contacts

Ask your doctor how long the child must be isolated and what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period. 2 to 5 days.

Symptoms

Starts with a headache, vomiting and sore throat. The glands in the neck are usually swollen and painful.

Rash appears within twenty-four to forty-eight hours of the onset of the first symptoms. It consists of a mass of bright-red pin-point spots behind which there is a red flushing of the skin. The cheeks are flushed but free from a rash. Surrounding skin looks pale.

Special Nursing Points

1. Frequent mouth washes and gargles while the throat is sore.
2. Nose and ears need special care.

Source of Infection

Another child with scarlet fever. In rare cases, a healthy carrier. Infection is spread by droplets and discharges from nose and throat. Infection can be conveyed through milk and milk products.

MUMPS

Period of Isolation and Contacts

Ask your doctor how long the child must be isolated and what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period. 12 to 28 days.

Symptoms

Starts with the child being generally off colour for a couple of days. Then there is pain or soreness in the jaw and stiffness of the neck, followed by swelling of the salivary glands in the cheek and the angle of the jaw. One or both sides may be affected.

Special Nursing Points

1. Child should be put to bed as soon as symptoms are observed. A warm woollen scarf or shawl round his swollen face and stiff neck is a great comfort.
2. Regular mouth washes are essential. The mouth must be washed out after food of any kind has been eaten.

Source of Infection

Another child with mumps.

Postscript

It is better for boys to have mumps during childhood, because after the age of fourteen there is a risk of developing orchitis (swelling of the testicles).

CHICKENPOX

Period of Isolation and Contacts

Ask your doctor how long the child must be isolated and what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period. 11 to 21 days.

Symptoms

Starts with slight general upset. May be slight feverishness.

Rash starts one to two days later. The spots are raised, pink and round or oval in shape. They may be surrounded by a red rim. In the course of a day or so they turn into watery blisters which burst and scab over. Most of the spots are on the body and they come out in crops over a period of three to four days.

Special Nursing Points

1. Treat the rash with whatever lotion the doctor prescribes.
2. Put the child in cotton gloves to minimize any damage done by scratching. (Put him on his honour to keep them on!)

Source of Infection

Another child with chickenpox.

GERMAN MEASLES (Rubella)

Period of Isolation and Contacts

Ask your doctor how long the child must be isolated and what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period. 14 to 21 days.

Symptoms

Sometimes starts with mild catarrhal symptoms, but often there are no symptoms at all apart from the rash.

Rash appears within twenty-four to forty-eight hours and lasts

only a few days. It is all over the body and consists of small pink spots which may become raised.

Special Nursing Points

None. Just keep the child in bed for a few days. Keep a child with German measles away from a woman who is in the early months of pregnancy. This is a mild infection during childhood and it is best to get it over between the ages of two and seven.

Source of Infection

Another child with German measles.

DIPHTHERIA

Period of Isolation and Contacts

The child with diphtheria needs skilled nursing in hospital. Home nursing of diphtheria is out of the question. He will not be discharged till he is free from infection and is likely to be in hospital for several weeks. Ask your doctor what must be done about quarantine for contacts. It depends on the decision of the Medical Officer of Health for your district.

Incubation Period. 2 to 5 days.

Symptoms

Starts with a feeling of lassitude and headaches. Child is pale, looks ill and although the throat may not be particularly sore there are pearly white or wash-leather yellow spots or patches on the tonsils.

Source of Infection

A case of diphtheria. Or a carrier.

Prevention

Inoculation against diphtheria is an almost certain safeguard, and all parents should see that their children are done. The first injection should be given when the child is about four months old. There is one injection a month later, unless immunization is combined with a whooping cough vaccine, when three injections at monthly intervals are required. The child cannot be considered immune until shortly after he has had the last injection.

A child needs one "booster dose" when he starts school.

If immunization is combined with a whooping cough vaccine it should not be given to a child who suffers from convulsions.

POLIOMYELITIS

Symptoms

Headache, sore throat, sore muscles, backache and feverishness.

Don't distress yourself, please, by concluding that your child must have polio if he has these symptoms. They are common to so many health disturbances. Just be on guard, particularly if there is a local outbreak of polio at the time. And, of course, call in the doctor.

Treatment

Polio cases require skilled hospital nursing.

Preventative Measures When Polio is About

Keep the children away from crowded places like the cinema and swimming baths.

Don't let them get overtired through late nights, etc.

Be even more strict than usual about hand washing before meals and after using the lavatory.

Keep all food protected from flies, especially food that will be eaten uncooked or without further cooking.

If anyone in the family seems off colour put him or her to bed and consult the doctor. Be guided by him in regard to contacts.

CONVALESCENCE

Convalescence is sometimes a rather trying period. Mother is tired and edgy after the anxiety and physical strain involved in nursing a sick child, and the little patient himself tends to be touchy because he resents the fact that he no longer seems to be causing such a stir.

Moreover, he feels frustrated because, as yet, he is unable to tackle all that he usually does and enjoys doing.

But with wise handling he'll gradually work his way back to normal. Plenty of rest and sleep will help. Also as much fresh air as possible and small frequent quantities of nourishment.

Milk, fish, poultry and eggs, fruit and fruit juices head the list

(unless contradicted by the nature of the illness and the doctor's instructions). A little lean good beef and lamb may also be included now. Cream cheese is good. Also grated cheddar cheese tucked into a scooped-out nest in a baked-in-its-jacket potato. Glucose, honey and wholemeal bread and butter all help to restore lost energy.

BABY TROUBLES

COLIC

The baby who has colic cannot be comforted even when he is picked up and fed. This, his persistent crying, drawn-up legs and general restlessness, make clear the fact that he is in pain.

Causes

Occasionally the baby's colic seems to be due to temporary changes in the mother's milk, changes which are brought about by an emotional upset. Very rarely, colic is the first indication of stomach trouble known as pyloric stenosis. But colic is normally due to wind.

Remedy

First hold baby against your shoulder and rub or pat his back firmly to help him bring up wind. Then give him a quick, warm bath, which will probably ease him considerably. After this, if he is still restless, prop him up on your lap so that he is leaning forward against a well-covered hot-water bottle. Or let him lie face downwards on your lap with his tummy on the hot-water bottle.

Of course, inform your doctor if these measures do not banish Baby's pain and bring him contentment and sleep.

FRETFULNESS DURING TEETHING

Give baby hard, smooth teething ring to bite on. Let him have plenty of cool, boiled unsweetened fluid.

Do not force him to take his feeds if he is disinclined to do so for a day or two. Comfort and pet him. Don't give teething powders.

Let the doctor know if he is feverish and unable to sleep.

DIARRHOEA

Breast-Fed Baby

Many mothers are afraid their babies have diarrhoea because motions are passed several times a day. But in a breast-fed baby this is quite natural and there is no cause for anxiety provided motions are normal and baby looks well, is gaining weight and feeding satisfactorily. If the motions are abnormal or baby's weight is stationary or if he is off his food and looks poorly, consult your doctor.

Bottle-Fed Baby

Diarrhoea in a bottle-fed baby should always be reported immediately to the doctor.

CONSTIPATION

Delayed Motions

The breast-fed baby who goes several days between passing motions is not constipated. His motions are infrequent because he is absorbing most of his food. Provided he passes a good motion eventually, is thriving and gaining weight, all is well.

True Constipation in Breast-Fed Baby

The chief cause of true constipation in a breast-fed baby is gross underfeeding. It can also result from severe vomiting. The motions are loose and green. They contain mucus and are passed frequently. Medical advice is essential.

Constipation in Bottle-Fed Baby

Motions are usually small and hard. Most probable cause is underfeeding. Large, bulky motions may be difficult to pass and so create a form of constipation. This is probably due to too strong a milk mixture, or to the inclusion of more fat than the baby can digest.

Essential Check-up

If your baby passes unsatisfactory motions, or is constipated, consult your doctor or take him to the local Infant Welfare Centre. A breast-fed baby should be test weighed.

THRUSH

A number of white specks on the tongue, inside of the cheeks and roof of the mouth is usually due to thrush. Report it to your doctor at once. He will probably treat the condition with an application of gentian violet (1 per cent). This is usually effective.

RUPTURE OF THE NAVEL

Umbilical Hernia

Provided there is no bulge of the skin round the navel the condition will probably right itself. If there is a bulge a simple operation may be advisable when the child is past his first birthday.

Do not apply strapping to the hernia. Seek your doctor's advice as soon as hernia is noticed.

VOMITING

Most babies bring up a little milk occasionally, after feeding or when bringing up wind. This is quite natural.

If a baby is allowed to swallow a great deal of air while feeding he will have a distended tummy, and when eventually he is helped to bring up wind may also be very sick. Obviously, this entails loss of nourishment and is undesirable.

Sickness may be caused by overfeeding, too rapid feeding or unsuitable food. Vomiting in a baby who looks ill, is in pain, has diarrhoea or has lost weight calls for immediate medical attention.

SORE BUTTOCKS

If the napkins are not changed often enough the buttocks may become very sore. Disturbances caused by feeding errors or digestive upsets may also cause sore buttocks.

Always check the feeding arrangements with your doctor or the doctor at the Infant Welfare Centre. Treat the sore skin with a liberal application of good baby cream, after careful washing and drying.

FIRST AID

BITES

Insect Bites

Dab with antiseptic. This should stop the irritation. But if it persists and there is some inflammation apply a cold kaolin poultice.

Dog Bites

If the skin has been broken cleanse immediately with warm water to which has been added an antiseptic. Cover with clean gauze or a handkerchief, bandage and take the child to the doctor.

BUMPS AND BRUISES

If bad enough to cause child distress, soak a double fold of white lint or a clean handkerchief in lead lotion (or cold water if lotion not available). Squeeze out surplus moisture and apply compress.

Bandage lightly (with a crêpe bandage). Renew compress frequently.

BURNS AND SCALDS

Minor Burns

Reassure and calm child and cover burned area at once to exclude air and harmful germs. Use clean lint, handkerchiefs or sheeting.

Treat the shock which always accompanies a burn, however slight, by wrapping the child in blankets and giving hot sweet drinks.

Make solution of warm water (boiled if possible) and bicarbonate of soda or table salt (one teaspoonful of either to each pint of water). Immerse burned part in solution.

Now make fresh solution. Soak clean lint, handkerchiefs or sheeting in it, apply and bandage lightly in position.

Unless burn is very slight, the child must be seen by a doctor.

Severe Burns

If he is badly burned he must be taken straight to hospital, wrapped in blankets with carefully placed and covered hot-water bottles in position. No attempt must be made to remove any of his clothing. As always the burns must be covered and no time should be lost making and applying the salt or bicarbonate of soda solution. Don't give drinks in case he has to have an anaesthetic.

CHOKING

If the choking is due to a lump of food, a toy or something similar lodging at the back of the throat, hold the child upside down and

bang between his shoulders. This will usually dislodge the obstruction. If not the object can sometimes be hooked out with the little finger.

If there is difficulty over removing the obstruction, or if it is a fish-bone, the child should be taken straight to hospital.

Choking due to croup or to a spasm or inflammation of the larynx (wind pipe) will usually subside as soon as the child is sick. A warm drink may help. So will warm, moist air such as results from having a steaming kettle in a small room or a bath full of boiling water.

Medical advice is essential.

CONVULSIONS

Symptoms

The child gives a little grunt or cry, goes pale and loses consciousness. There is muscular twitching, sometimes preceded by rigidity of the body, holding of the breath and the development of a blue colour. There may be frothing at the mouth and rolling of the eyes accompanied by a squint.

Treatment

If a warm bath is available rest the child in it for a few minutes with a cold compress on his forehead. Then dry him quickly in warm towels and wrap him up in warm blankets.

If the bath is out of the question the child should be kept flat and wrapped in warm blankets.

His head should be to one side and the handle of a spoon should be pressed gently on his tongue to prevent him biting it. If his breathing is unsatisfactory the lower jaw should be pushed forward.

A doctor should be called so that the cause of the convulsion or fit may be discovered and dealt with. But alarming as the condition may seem, it will not prove fatal and the mother should remain calm.

CUTS

Bathe cut finger or other injured part in cold water (boiled if available) to which has been added a suitable antiseptic solution. Dry. Bring edges of cut together and apply special adhesive dressing. If this is not available cover with sterile gauze or clean handkerchief,

then bandage. Be sure to apply the bandage at a slant, not straight round and round. Do not bandage too tightly.

If bleeding persists apply direct pressure with the finger on to the (covered) cut for five minutes. Do not keep lifting finger.

In the case of bad bleeding, put child in position which ensures that the cut is at an angle higher than his heart, continue to apply direct pressure and take him straight to the hospital.

FRACTURE

Symptoms

Pain. Loss of power or movement. Swelling and tenderness. Also deformity in the case of a leg.

First Aid Treatment

Comfort and reassure child. Prevent any movement of the limb involved. If it is arm, shoulder or hand put the arm in a sling, which can be improvised from a towel or piece of sheeting. Or, if the elbow is swollen and too painful to be bent at a right angle, help the child to support it in whatever position is most comfortable.

If the leg is broken splint either side with thick pads of newspaper and tie the legs together in two places.

Get the child straight to a doctor or the hospital. Don't give him anything to drink in case he has to have an anaesthetic.

GRAZES

All dirt should be carefully removed with warm water. Add antiseptic. Dry.

If the graze is only slight leave uncovered so that the air can get to it. If it is sufficient to cause oozing and is very sore cover the area with clean gauze or a clean handkerchief and bandage in position.

A graze containing tar must be cleaned by a doctor.

GRIT IN EYE

If apparent on lower eyelid can usually be removed quite easily with point of clean handkerchief. Better still, when circumstances permit, let the child use an eye bath, floating the grit out with special eye lotion or solution made from a pint of boiling water and a teaspoonful of table salt. Allow to get cold before use.

If the grit or whatever it is is on the eye itself, a pad and bandage should be applied and the child taken to the doctor.

HEAD INJURIES

A minor bump on the head such as all children experience from time to time calls for nothing more than reassurance and a period of quietness. A cold compress is comforting and can be applied if the occasion seems to warrant it. In the case of a bad knock the child should be put to bed and the doctor should be sent for.

He should be informed at once of any of the following symptoms: loss of consciousness, vomiting, bleeding from nose or ears.

No attempt should be made by the mother to awaken the child if he appears to sleep after the accident.

If there is delay in getting hold of the doctor, and the child is sleepy or has any of the above symptoms, wrap him in blankets, keep him flat and take him to the hospital.

Medical advice is necessary for a cut or wound of the scalp.

NOSE BLEED

Reassure the child. Persuade him to sit quietly and to breathe through his mouth.

Then having explained why in a gentle, calm manner, firmly pinch his nose for a moment or two. This should stop the bleeding.

Alternative treatment is to lay him down flat and apply a cold compress to the bridge of his nose. Use two; one on and one soaking in readiness for the next application. Continue until bleeding stops.

Give copious fluids to compensate for loss of blood.

OBJECTS IN NOSE OR EARS

(Such as a Bead)

Consult your doctor, because any attempt on the mother's part to get the object out is likely to result in pushing it farther in.

POISONING

(Through Swallowing Disinfectants, etc.)

Take the child straight to hospital and have with you any evidence of the poison involved. Take anything the child may have vomited.

It is a good thing to make him sick, and the simplest way is to push a finger as far as possible into the back of his throat. Or give him a drink of salt and water. Afterwards plain water or warm milk is a safe thing to give and helps to dilute the poison he has swallowed.

If the child has collapsed, wrap him up in warm blankets, put him to bed, with carefully placed and covered hot-water bottles. Raise the foot of the bed on two chairs or stools.

Through Eating Berries

Give the child a good drink of salt and water and make him sick (two teaspoonsful of salt to half a pint of water). Then take him at once to doctor or hospital.

N.B.—Every effort should be made to prevent this emergency arising by giving the child a clear warning and explanation.

SPLINTERS

If the splinter can be seen and is near the surface of the skin it is not difficult to remove. Do so with a needle which has been sterilized in a flame or disinfectant. Dab the area with antiseptic and apply adhesive dressing.

If the splinter is deep seated take child to the doctor.

SPRAIN

Symptoms

The joint becomes swollen and tender. Any movement causes pain.

First Aid Treatment

Apply a cold compress. Rest and raise limb on chair or stool.

Consult a doctor, who will arrange an X-ray if there is any doubt about the diagnosis. A definite sprain should be treated like a bruise —supporting crêpe bandage over cold compress. This limits swelling and eases pain.

Cautious use of limb after diagnosis and bandaging is advisable. It will be painful at first, but it helps to prevent stiffness.

STINGS

Bee Stings

A bee leaves its sting in the skin with a tiny sac of venom attached. Don't attempt to squeeze it out. This will only squeeze out more

poison into skin. Try to scrape away sting with a sterilized needle
When the sting is out clean the skin gently with diluted ammonia
bicarbonate of soda or baking powder (two teaspoonsful to the pint)

Wasp Stings

Wash skin then dab all round sting with vinegar.

Sting in the Mouth

Occasionally on a picnic a child may bite a sandwich on which a bee or wasp has settled. The result is a nasty sting in the mouth which causes much swelling and makes breathing difficult. Loosen clothing round neck and chest, reassure child and get him to hospital

STRAIN (muscle injury)

Symptoms

Pain, loss of movement and tenderness over the affected muscle. Later on there may be swelling and bruising.

Wellcome Library

First Aid Treatment

Rest and apply warmth to the affected limb. Consult a doctor. ray may be advisable.

First Aid and Medicine Cupboard—(to be kept locked)

1. Reliable antiseptic for use in bathing cuts, grazes, etc.
2. Petroleum jelly
3. Lotion for soothing chafed skin
4. Petroleum jelly soaked gauze
5. Lead lotion (*clearly labelled POISON*)
6. Bicarbonate of soda
7. Common salt
8. Bottle of sterile water, i.e. boiled water (*to be renewed weekly*)
9. Glucose
10. Liquid magnesia
11. Suitable laxative
12. Eye bath
13. Cotton wool
14. Lint
15. Sterile gauze
16. Bandages (½-*in.*, 2-*in. and crêpe*)
17. Safety pins
18. 3-in. and ½-in. roll of medicated adhesive plaster and special adhesive dressings.
19. Triangular bandage (*for a sling*)

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